



Recruitment Sources Directory Information/Update Survey Form

Please complete a separate survey form for each listing with a different mailing address. Please ensure that all responses are clearly marked, typed and/or written legibly to ensure the accuracy of the information. All names, addresses and other information provided will be listed as reflected on the survey form. Please return completed survey(s) to the State Personnel Board, Attn: Recruitment and Employment Services Unit-MS #36, P.O. Box 944201, Sacramento, CA, 94244-2010 or FAX (916) 653-1353.

1. Organization Name: _____

ATTN: _____
(Use Title Only e.g., President, Placement Officer, Employment Coordinator, etc.)
2. Mailing Address: _____
City: _____ State _____ Zip: _____ - _____
E-Mail Address: _____
3. Telephone Number: (____) - ____ - ____ Ext. _____ FAX (____) - ____ - ____
4. ☐ Please Include/update our Organization in the Directory (Complete Items 5 Through 8) ☐ Please Remove our Organization from the Directory (Complete Item 8)
5. Directory Category: Our Organization should be identified as the following:
- A. ☐ Special Interest or Advocacy Group
B. ☐ State Employee Association or Advocate
C. ☐ Community-Based Organization
D. ☐ County, Welfare, EDD or Public Agency
4. ☐ 4 Year College or University
2. ☐ 2 Year College
- E. ☐ Trade, Business or Vocational School
F. ☐ Professional Association
G. ☐ Rehabilitation Services Agency
H. ☐ High School, Adult Education or Youth Program
O. ☐ Military or Veterans Organizations
6. Population Served: If your organization serves one of the group(s) identified below please **check** one or indicate **N/A**=Not Applicable:
- D. ☐ Disabled
PA. ☐ Public Assistance Recipients/ Economically Disadvantaged
S. ☐ Senior or Retired Workers
U. ☐ Unemployed/Displaced Workers
V. ☐ Veterans
O. ☐ Other
N. ☐ Not Applicable
7. Area Served by organization at above address (Use Service Area Codes Chart)
- ☐ Statewide [0][0] ☐ No. California [5][9]
☐ Central California [6][0] ☐ So. California [6][1]
☐ Specific Counties _____
8. Survey Completed By: _____
9. Telephone#: (____) - ____ - ____
10. Today's Date: ____/____/____

SERVICE AREA CODES

AREA	CODE	AREA	CODE	AREA	CODE
Statewide	00				
No. California	59	Central California	60	Southern California	61
Butte	04	Alameda	01	Imperial	13
Colusa	06	Alpine	02	Inyo	14
Del Norte	08	Amador	03	Kern	15
Glenn	11	Calaveras	05	Kings	16
Humboldt	12	Contra Costa	07	Los Angeles	19
Lake	17	El Dorado	09	Mono	26
Lassen	18	Fresno	10	Orange	30
Mendocino	23	Madera	20	Riverside	33
Modoc	25	Marin	21	San Bernardino	36
Nevada	29	Mariposa	22	San Diego	37
Placer	31	Merced	24	San Luis Obispo	40
Plumas	32	Monterey	27	Santa Barbara	42
Shasta	45	Napa	28	Tulare	54
Sierra	46	Sacramento	34	Ventura	56
Siskiyou	47	San Benito	35		
Sutter	51	San Francisco	38		
Tehama	52	San Joaquin	39		
Trinity	53	San Mateo	41		
Yuba	58	Santa Clara	43		
		Santa Cruz	44		
		Solano	48		
		Sonoma	49		
		Stanislaus	50		
		Tuolumne	55		
		Yolo	57		